**Inclisiran ▼ (Leqvio®) Information for Healthcare Professionals Quick Reference Guide**

Please read in conjunction with the Inclisiran▼ (Leqvio® 284 mg solution for injection in pre- filled syringe) [Summary of Product Characteristics](https://www.medicines.org.uk/emc/product/13927/smpc) and [Medicines Optimisation Pack for Inclisiran.](https://mcusercontent.com/7e7659db46e568cca5e047f43/files/eff173b0-1912-4ab7-6768-04e29ebb7cde/B0948_Medicines_Optimisation_Pack_Inclisiran_FINAL.pdf)



**What is inclisiran and how does it work?**

* Inclisiran is a novel, *healthcare professional administered* injectable lipid lowering agent, which lowers LDL-C by approximately 50%.
* It is a small interfering ribonucleic acid (siRNA) drug which causes the catalytic breakdown of mRNA used for the synthesis of the PCSK9 protein. PCSK9 directs the degradation of LDL-C receptors. Therefore, by reducing PCSK9 production, inclisiran increases LDL-C receptor expression on the hepatocyte cell surface, which increases LDL-C uptake and lowers LDL-C levels in the circulation.
* NICE approved inclisiran anticipating that the LDL-C lowering effect would result in significant CVD clinical benefits. There is currently no clinical outcome data for inclisiran however the [ORION 4](https://clinicaltrials.gov/ct2/show/NCT03705234) trial, exploring the clinical outcomes of long term Inclisiran treatment, is due to be published in July 2026.

**Indications:**

Inclisiran has been approved by [NICE TA733](https://www.nice.org.uk/guidance/TA733) for adults (≥18 years) with:

1. History of cardiovascular disease i.e., any of the following:
* ischaemic stroke
* coronary heart disease
* peripheral arterial disease
* acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation)
* coronary or other arterial revascularisation procedures

**AND**

1. LDL-C persistently ≥2.6 mmol/L despite maximum tolerated lipid-lowering therapy (i.e., maximum tolerated statins with or without other lipid lowering therapies or other lipid lowering therapies when statins are not tolerated or are contra-indicated). Refer to [NICE AAC Statin intolerance pathway](https://www.england.nhs.uk/aac/publication/statin-intolerance-pathway/) if required.

Inclisiran has as **GREEN** traffic light status in Surrey Heartlands. It can be initiated in both primary and secondary care in line with [NICE TA733](https://www.nice.org.uk/guidance/TA733) and the [NICE AAC Lipid management pathway](https://www.england.nhs.uk/aac/publication/summary-of-national-guidance-for-lipid-management/).

A GP may independently identify suitable patients in Primary Care and initiate prescribing, asked to initiate inclisiran treatment following secondary care recommendation or requested to take over prescribing following secondary care initiation.

[The joint statement from the RCGP and BMA](https://www.rcgp.org.uk/representing-you/policy-areas/inclisiran-position-statement) may help prescribers decide whether they wish to initiate Inclisiran in primary care.

**Dosing:**

* Inclisiran 284mg (pre-filled syringe) is administered by a healthcare professional as a subcutaneous injection into the abdomen (preferred) or upper arm or thigh. After the initial dose, Inclisiran 284mg is administered again at 3 months, followed by 6 monthly thereafter:
* **Missed doses**:
* Planned dose missed by less than 3 months: Administer inclisiran as soon as possible and continue as per original dosing schedule.
* Planned dose missed by more than 3 months: Start new dosing schedule i.e., initial dose, second dose at 3 months, followed by a dose every 6 months.

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**Contraindications (The list is not exhaustive. For more information see the inclisiran** [**SPC**](https://www.medicines.org.uk/emc/product/12039/smpc)**):**

* Hypersensitivity to inclisiran or any of the excipients.
* Severe hepatic impairment. Inclisiran has not been studied in patients with Child-Pugh class C.
* Pregnancy.

**Precautions:**

* Haemodialysis should not be performed for at least 72 hours after inclisiran dosing, due to the fact that inclisiran is excreted renally. No dose adjustment is necessary in patients with mild, moderate, or severe renal impairment
* No dose adjustment is necessary in patients with mild to moderate hepatic impairment.
* Breastfeeding. A risk to infants cannot be excluded. A risk/benefit decision needs to be made with the mother as to whether to discontinue/abstain from inclisiran therapy or to discontinue breastfeeding.

**Adverse effects:**

* In the trial data, adverse effects were minimal. Inclisiran was associated with Injection site reactions (e.g., pain, erythema, and rash) which were mild to moderate, transient and resolved without sequelae.
* Inclisiran is classed is an MHRA black triangle ▼drug, any suspected adverse reactions should be reported via the [Yellow Card Scheme](https://yellowcard.mhra.gov.uk).

**Drug interactions**: Inclisiran is not expected to have clinically significant interactions with other drugs, as is not an inhibitor or inducer of cytochrome P450 enzymes or common drug transporters.

**Monitoring.** LDL-C may be re-checked 8 weeks after the 2nd dose (between 3 and 9 months), however there is no mandated laboratory monitoring suggested by [NICE TA733](https://www.nice.org.uk/guidance/TA733) or the [product licence](https://www.medicines.org.uk/emc/product/12039/smpc). All patients should have an annual cardiovascular disease review. Patients should be asked to report any suspected adverse effects.

**Co-prescribing of lipid lowering agents**: Patients should continue to take any other lipid lowering agents which they were taking prior to initiation of inclisiran e.g., statins and ezetimibe, as well as maintaining the healthy diet in line with the [National Guidance for Lipid Management](https://www.england.nhs.uk/aac/publication/summary-of-national-guidance-for-lipid-management/).

**Storage / Shelf-life.** No special storage conditions. Injection should not be frozen. Shelf-life is approximately 2-years (check with supplier). Inclisiran solution should be clear, colourless to pale yellow and essentially free of particulates. If the solution contains visible particulate matter, the solution should not be used.

**Pricing structure and mechanism of supply for inclisiran:**

**To ensure full payment** always check the latest update to the [Summary Information on the funding and supply of inclisiran (Leqvio®)](https://www.england.nhs.uk/aac/publication/summary-information-on-the-funding-and-supply-of-inclisiran-leqvio/) which details the ordering and funding arrangements to Primary and Secondary Care.

*Primary care:*

* Inclisiran should be prescribed in primary care as a personally administered item.
* Practices should purchase stock from wholesaler AAH Customer Care team under **Solus** distribution arrangements, via telephone 0344 561 8899 at £45 per injection, and then claim on the monthly submitted FP34D/FP34PD (along with corresponding FP10s) at a reimbursed price of £50 per injection (correct as of April 1st, 2023).
* You can create an AAH account by following this link: <https://www.aah.co.uk/s/opening-an-aah-account> and inform AAH that this is a ‘solus’ account to prevent delivery charges.
* There is no patient prescription charge via the above method and the practice will receive £5 reimbursement.
* **Alternatively** inclisiran may be prescribed on FP10 and dispensed via the community pharmacy, with the patient bringing the injection to the surgery for administration. Patients would pay a prescription charge to the pharmacy, if they normally do so, and the practice **will not** receive the £5 reimbursement.

*Secondary care:*

* If inclisiran is prescribed and administered in an NHS Hospital Trust, patients do not have to pay a prescription fee.

**For more information to support the implementation of inclisiran in primary care, see the handy checklist on page 4 of this guide and the AHSN CVD Central resource pack found under the healthcare professional’s clinical information below.**

**Patient’s resources:**

* [Inclisiran Patient Booklet](https://www.health.novartis.co.uk/sites/health.novartis.co.uk/files/inclisiran-patient-leaflet.pdf)

**Healthcare Professional’s clinical information:**

* [AHSN CVD Central: Resource Pack To support Primary Care with the implementation of Inclisiran October 2022. CVD Central: Resource Pack (kssahsn.net)](https://improvement.kssahsn.net/wp-content/uploads/2022/10/CVD-Central-Resource-Pack-Inclisiran-implementation.-FinalV2.Oct2022.pdf)

**Surrey Heartland Primary Care Inclisiran initiation checklist for patients**

**with a cardiovascular (CVD) history**

|  |  |
| --- | --- |
| **Please indicate whether patient meets the following** [NICE TA733](https://www.nice.org.uk/guidance/TA733) **criteria:** | **Please tick:** |
| 1. The patient is >18 years of age and has a diagnosis of primary hypercholesterolemia (heterozygous familial and non-familial) or mixed dyslipidaemia.
 | * Yes
* No
 |
| 1. Does the patient have a **CVD history**?
* Acute Coronary Syndrome (ACS) e.g. NSTEMI/STEMI
* Coronary Heart Disease (CHD) e.g. angina
* Previous coronary/arterial revascularisation e.g. PCI/CABG
* Ischaemic stroke/transient ischaemic attack (TIA)
* Peripheral arterial disease (PAD)
 | * Yes
* No
 |
| 1. Is **LDL ≥2.6mmol/L**?
 | * Yes
* No
 |
| 1. Has the patient taken a **maximum tolerated dose** of a high intensity statin such as **Atorvastatin or Rosuvastatin** and preferably, **Ezetimibe for at least 3 months**?
 | * Yes
* No
 |
| 1. If **statin intolerance**- have you followed the [NHSE/AAC statin intolerance pathway](https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/08/Statin-intolerance-pathway-January-2022.pdf)?
 | * Yes
* No
 |
| 1. Have you discussed any issues with medication adherence and promoted **lifestyle interventions**?
 | * Yes
* No
 |
| 1. Can you confirm contra-indications to Inclisiran do not apply to your patient?
* Severe liver impairment (Child-Pugh class C)
* Pregnancy/breastfeeding[[1]](#endnote-1)
 | * Yes
* No
 |
| 1. For patients with renal impairment requiring haemodialysis have you discussed Inclisiran therapy with the renal team before initiation? (NB. haemodialysis should not be performed for at least 72 hours after inclisiran dosing as inclisiran is renally excreted).
 | * Yes
* No
* n/a
 |
| 1. Is your patient aware of the **need for injections at least every 6 months** with this therapy (initial dose is repeated at 3 months, followed by 6 monthly injections thereafter) and the requirement to attend regular appointments for Inclisiran?
 | * Yes
* No
 |
| 1. Have you discussed the **risks and benefits of Inclisiran therapy** with your patient? Please ensure that your patient is aware that Inclisiran does not yet have long term clinical outcome data.
 | * Yes
* No
 |
| If the answer is “Yes” to all questions, patient is eligible to be commenced on Inclisiran s/c injection in Primary Care. |

Adapted from the original document SWL ICB

1. [↑](#endnote-ref-1)